PROVIDER SERVICE SUMMARY	
PROVIDER INFORMATION	
Name of Provider: Kumon Math and Reading Centers	
Mailing Address:	
Glenpointe Center East 300 Frank Burr Blvd. 5 th Floo	Tip Code:
Teaneck New Jersey	07666
Phone Number: Fax Number: 201-928-0444 ext. 369 201-928-4162	E-Mail Address:
201-928-0444 ext. 369 201-928-4162 mlupsha@kumon.com PRIMARY CONTACT INFORMATION	
Name: Phone Number:	
Matthew Lupsha 201-928-0444 ext 369 E-Mail Address	
mlupsha@kumon.com	
SERVICES	
Areas to be served by provider:	
All school districts in Missouri	
 ⊠ Specific districts or counties. Please list: See attachment 	
occ attachment	
Number of sessions per week: 2 sessions per week	
Cost per session: \$10.00 - \$12.50 per session \$20.00 - \$25.00 per week	
Proposed location of service delivery:	
Student's school site	
Provider site	
☐ Other: See list of centers attached	
If service delivery is not at the student's school, is transportation provided? If so, is there a	
separate fee? (Note: Districts are not required to provide or pay for transportation).	
No transportation provided. Parent provided transportation.	
Certification of instructors:	
Baccalaureate degree in education or	
Baccalaureate degree in related field of instruction. Please list related field(s):	
Kumon Certified Instructors	
Additional education and/or experience:	
☐ Masters level degrees or above in either reading or mathematics	
Missouri teacher certificated/licensed teachers	
Experience teaching students with specific disabilities Experience teaching LEP students	
☐ Ability to speak languages other than English. Please list:	
Tutoring subjects available:	Grade Levels Served:
Reading Writing Math	⊠ K-2 ⊠ 3-5 ⊠ 6-8 ⊠ 9-12
Title of tutoring curriculum utilized:	
Time of Service:	Mode of Instructional Delivery:
Before School	☐ Individual Tutoring
☐ After School Weekends	☐ Small Group Instruction ☐ On-Line/Web-based
Summer	Other:
☐ Other:	
Chapition of vancuting to parents 9 ask and /s	hook all that apply?
Specifics of reporting to parents & school (check all that apply):	
Method:	Frequency:
│	☐ weekly ☐ bi-monthly
conference with parents	☐ monthly
conference with parents & school	☐ other: Scheduled and as needed/requested,
☑ other: Scheduled and as needed/requested,	both formal and informal.
both formal and informal.	